OGE Form 278e (March 2014)				
U.S. Office of Government Ethics; 5 (oved: OMB No. (3209-0001)	UNITED STATES OFFICE OF
Report Type:	New Entrant			GOVERNMENT ETHICS
Year (Annual Report only):				
Date of Appointment/Termination:	07/23/2018			Preventing Conflicts of Interest in the Executive Branch
Executive Branch Personn	el Public Financial I	Disclosure Re	eport (OGE Form 278e)	in the executive of the
Filer's Information				
Last Name	First Name	МI	Position	Agency
Belanger	Sean	R ·	Attorney Advisor	OPM
Other Federal Government Positions	Held During the Preceding 1	2 Months:		
Law Clerk, United States Court of				·
Name of Congressional Committee C	onsidering Nomination (Non	ninees only):		
	•			
Filer's Certification - I certify that the	statements I have made in th	is report are true,	complete and correct to the best of my known	owledge: .
Signature:			Date: July 25, 201	8
	On the basis of information co	ontained in this rej	port, I conclude that the filer is in complian	ice with applicable laws and regulations
(subject to any comments below)			1 5	
Signature:	full		Date: 7/26/18	
Other Review Conducted By:				
Signature:			' Date:	
U.S. Office of Government Ethics C	ertification (if required):		-	
· Signature:			Date:	

Comments of Reviewing Officials:

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	DO NOT INCIDAD ACCOUNT HAI	is a super additional of the time of time of the time of the time of the time of time of the time of time of time of the time of time	member names. See instructions for rec	Page Number	
Part 1: Filer's Positions # Organization Name	Held Outside United Sta	ntes Government			
# Organization Name	City/State	Organization Type	Position Held	From	То
1. None			,		
2.					
3.					
4.					,
5.		,			
6.					
7.					
8.				4	
9.			·	٠,	
10.				*	
11.					
12.			,	,	
13.					
14.					
15.					
16.					
17.					
18.					
18.					

Note: This is a public form. Do not inc	lude account numbers, stre	et addresses, or tamily	member names. See ins	tructions for required info	Dogo North and
Filer's Name	,				Page Number
Part 2: Filer's Employment Asse	ts and Income	<u> </u>			
Description	EIF	Value	Income Type	Income Amount	
I. None					
2.					
				,	
3.					
4,					
5.	,				
6.				·	1
7.					
8.					
9.					
10.					
11.					•
12.					
13.					
14.					
15.		*	• •		
16.		·			
				•	
17.				*	
18.	·				
19.					
20.					,
,				,	•

	er's Name	Do not melade at	count numbers, street addresses, or family member names. See instructions for required if	Page Num	ber
			,		
			s and Arrangements		
#	Employer or Party	City/State	Status and Terms		Date
1.	None				
2.					•
3.					
4.					
5.					
6.					
7.					,
8.				***************************************	,
9.					-
10					
11				-	, ,
12					

Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year Source Name		te: This is a public form. Do not inclu er's Name	de account numb	ers, street addresses, or family member	names. See instructions for red	Page Number
Surve Name	1 11	of 5 Ivanto				
Surve Name	Pa	ert 4: Filer's Sources of Compens	sation Exceedin	g \$5,000 in a Year		
2.	#					
3. 4. 4. 5. 6. 6. 7. 7. 8. 8. 9. 10. 10. 11. 11. 12. 12. 13. 14. 15. 16. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	1.	None				
4.	2.					·
5. 6. 6. 7. 8. 9. 10. 11. 12. 12. 13. 14. 14. 15. 16. 17. 18. 19.	3.				·	
5. 6. 6. 7. 8. 9. 10. 11. 12. 12. 13. 14. 14. 15. 16. 17. 18. 19.	4.	38.		,		
6.		*			<u> </u>	
7. 8. 8. 9. 9. 10. 11. 12. 13. 14. 15. 14. 15. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19						•
8. 9. 10. 11. 11. 12. 13. 14. 15. 16. 17. 18. 19. 19.	6.			·		
9.	7.					
10.	8.		,	-	,	
11.	9.					
12.	10).				
13. 14. 15. 16. 17. 18. 19.	11					
13. 14. 15. 16. 17. 18. 19.	12	2.				
14. 15. i16. 17 18. 19.						1
15. 16. 17 18. 19.	d.			,		
16.	1					
17 18. 19.	15	5.				
18.	16	5.				,
19.	1	7				
	1					× .
20	1	9.				
1	2	0.				

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.						
Filer's Name			·		Page Number	
	•			•		
Part 5: Spouse's Employment Assets and Income						
# Description	EIF	Value .	Income Type	Income Amount		
1. None	-	·				
2.					,	
3.					- · · · · · · · · · · · · · · · · · · ·	
4.						
5,		,				
6.		- 1				
7.	,					
8.						
9.				:		
10.						
11.		,				
12.					,	
13.						
14.						
15.						
116.						
17.						
18.						
19.						
20.				•		

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

	e: This is a public form. Do not include account number's Name	,			Page Number			
				·				
Part 6: Other Assets and Income								
#	Description	EIF	Value	Income Type	Income Amount			
1.	Vanguard Total Stock Market ETF	Y	\$1,001 - \$15,000	Dividends	None (or less than \$201)			
2.	Chase (checking)	N/A	\$1,001 - \$15,000	Interest	None (or less than \$201)			
3.								
4.					-			
5.					·			
б.		-						
7.								
8.								
9.								
10.								
11.								
12.	•				,			
13.	· ·							
14	•		3					
15	•							
16	•							
17								
18	•							
19					7			
20	5.							

lote: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information. Page Number							
Luct 8 Mattic				Page Number			
David 7. Winaman attings							
Part 7: Transactions		lm	In 4				
# Description		Туре	Date	Amount			
1.				·			
2.							
3.							
4.			·				
5.			,				
6.							
7.							
8.	•						
9.							
10.							
11.							
12.							
13.							
14.							
15.	·		-				
16.	•						
17.		*					
18.							
19.							
20.		·					

No	Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.								
File	er's Name		·			Page Number			
_									
	rt 8: Liabilities								
	Creditor Name	Туре	Amount	Year Incurred	Rate	Term			
1.	US Dept of Education	Student loan	\$50,001 - \$100,000	2013	6.21%	25 years			
2.	·								
3.									
4.									
5.	-								
6.									
7.					-				
8.									
9.									
10									
11									
12									
13	•		·.						
14	,	<u> </u>							
15					-				
16									
17	•		•		^				
18	•								
19	•	-							
20			:						
1									

Filer	e. This is a public forth, bo not inc i's Name	add account num	nbers, street addresses, or family member names. See instructions for required in	Page Number
		·		T age Inmitther
Par	t 9: Gifts and Travel Reimbu	rsements	·	
	Source Name	City/State	Brief Description	Value
1.				
2,	,			
3.	•			
4.				
5.				
6.	<u> </u>			
	· · · ·			
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.		Δ.	· · · · · · · · · · · · · · · · · · ·	
1				
15.				
16.				
17.			·	
18.				
19.)	
20.				· .